

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1/1/2013 Ending Date: 10/18/2013
Type of Report: (Check one) ☐ 8th day preceding preliminary Sth day preceding election	ion 30 day after election year-end report dissolution
Paul M McGeary	Committee to Elect Paul McGeary
Candidate Full Name (if applicable)	Committee Name
City Councilor, City of Gloucester	Catherine R. McGeary
Office Sought and District	Name of Committee Treasurer
31 Eastern Ave, Gloucester MA 01930	31 Eastern Ave, Gloucester MA 01930
Residential Address	Committee Mailing Address
Telephone Number (optional): 9782838425	Telephone Number (optional): 9782838425
SUMMARY BALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report	t 100.27
Line 2: Total receipts this period (page 3, line	ne 11) 2,725.00
Line 3: Subtotal (line 1 plus line 2)	2,825.27
Line 4: Total expenditures this period (page 5	5, line 14) 1318.06
Line 5: Ending Balance (line 3 minus line 4)	1507.21
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (page	ge 7) 0
Line 8: Name of bank(s) used: Cape Ann Savir	rings Bank 109 Main St. Gloucester MA 01930
activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this commit Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report including attached schedules and it is.	(Treasurer's signature) Date: 10/28/13 eck 1 box only) e is, to the best of my knowledge and belief, a true and complete statement of all campaign finance tee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, eporting period. filing separate report is, to the best of my knowledge and belief, a true and complete statement of all campaign rements. in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 10/28/13

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

eport all receipts. Please include your committee name and a page number on each page.) Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)		
	Avery, Judith				
	3 Barberry Way Gloucester MA 01930	100.00			
		100.00			
			4, 2-2-2-2-3		
	Bell, David				
	3 Banner Hill Way Gloucester MA 01930	100.00			
	Bell, Mac		- у применения применения на п		
	PO Box 1637 Gloucester MA 01931	100.00			
	9 mm	100.00			
	Burger, Thomas M.				
	133 Atlantic Road Gloucester MA 01930	100.00			
	Fine, Meredith				
	20 Eastern Ave. Gloucester MA 01930	100.00			
		100.00			
	German, Katherine				
	150 Staniford St. Boston MA 02114	100.00			
	Gillis, Robert and Pat				
	31 Sayward St. Gloucester MA 01930	100 00			
		100.00			
		L			
	Johnson, Lauren				
	10 Stewart Ave. Gloucester MA 01930	100.00			
	Knowlton, John and Collette				
	38 Salt Island Road Gloucester MA 01930	75.00			
	The state of the s	/5.00			
			Andrew Control of the		
	Lattoff, Thomas				
	22 Ledge Road Gloucester MA 01930	150.00			
	A CALL				
A DE LIVER DE LA CONTRACTION D	Mario, Steven				
	21 Eastern Ave. #2 Gloucester MA 01930	100.00			
		100.00			
	McGeary, Paul				
!	31 Eastern Ave Gloucester MA 01930	120.00			
ine 9: Total Rece	ipts over \$50 (or listed above)				
ine 10: Total Rece	eipts \$50 and under* (not listed above)				
					
ne 11: TOTAL l	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2		
			d include only those receipts not itemized above		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
	Pope, Dale 50 Mt. Pleasant Ave. Gloucester MA 01930	100.00		
	Rosa, Joseph and Maggie 26 Fort Hill Ave. Gloucester MA 01930	100.00		
	Sibley, George 17 Rocky Neck Ave. Gloucester MA 01930	75.00		
	Thomas, Arthur and Elizabeth 14 Seaview Road Gloucester MA 01930	100.00		
	Weinstein, Miriam 67 Eastern Point Road Gloucester MA 01930	100.00		
	Wheeler, Michael 8 Rockholm Road Gloucester MA 01930	100.00		
	Wilson, Richard 12 Village Road Gloucester MA 01930	200.00	Retired	
Line 9: Total Rece	Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)		705.00		
	RECEIPTS IN THE PERIOD	2,725.00	Enter on page 1, line 2 Id include only those receipts not itemized above.	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/2/13	Filemaker Pro	5201 Patrick Henry Drive Santa Clara CA 95054	Campaign Database software	190.19
7/3/13	Fishtown Horribles Parade Committee	PO Box 924 Gloucester MA 01930-0924	Campaign sign on Horribles parade float	100.00
6/6/13	Gloucester Fund	45 Middle Street Gioucester MA 01930	Contribution to Fundraiser for non-profitGloucester Dog Park	100.00
6/24/13	Staples Inc.	65 Dodge St. Beverly MA 01915	Printing	150.45
9/7/13	Staples Inc.	65 Dodge St. Beverly MA 01915	Printing	177.01
6/25/13	US Postal Service	15 Dale Ave Gloucester MA 01930	Postage	138.00
<u></u>	<u> </u>	Line 12: Total Expenditures ov	ver \$50 (or listed above)	855.65
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	462.41
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			1318.06	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
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				THE RESIDENCE PARTICIPATE	
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				The state of the s	
······································		Line 12: Expenditures over \$50	(or listed above)	THE	
	Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	The second secon			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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				SOCIAL DE LA COLOR
			L	
		Line 18: TOTAL OUTSTAND		0